

STUDENTS: School Attending: _____

Address: _____

Are you a bonafide member of any other Credit Union(s)? Yes [] No []

If yes, please name the Credit Union (s) _____

I hereby apply for membership of the Trinidad and Tobago Fire Service Credit Union Co-operative Society Limited and agree to abide by the existing bye-laws of the Society and the Laws of Trinidad and Tobago. I am aware that I am not a bona fide member of the credit union until this application is approved by the Board and I am so advised in writing.

I hereby attest that the information supplied on this form is correct.

Signature of Applicant: _____ Date: _____

RECOMMERDER'S CERTIFICATE

I, _____ hereby certify having known the applicant _____
Name in Block Letters

_____ for the past _____ years and am satisfied that he / she is of good character.

Signature of Recommender: _____

Account No.: _____

Address of Recommender: _____

**Part B:
NOMINATION CERTIFICATE**

In the event of death, I _____, A/c No.: _____

Hereby nominate _____ Relationship: _____

of _____

as my beneficiary, to receive a sum in accordance with the Act/ Regulations that governs the Society. I hereby reserve the right to change the beneficiary herein designated.

Signature of Applicant: _____

Date: _____

Name of Witness (Block letters)

Signature of Witness

Name of Witness (Block letter)

Signature of Witness

Part C:

Questionnaire to be completed in accordance with the Laws of Trinidad and Tobago relative to "Know Your Customers"

Please tick the boxes applicable to you:

1. T & T National Yes [] No []
2. U.S. Resident Yes [] No []
3. Other (Please state) _____

If yes to #2 state your IRS Tax Number _____

4. Director of a State Board Yes [] No []
5. Minister of Government Yes [] No []
6. Diplomat Yes [] No []
7. A member of the Judiciary Yes [] No []
8. A Senior Official employed at a Public Authority Yes [] No []
9. Occupy a senior role / position with the Military Service Yes [] No []
10. Other _____

Part D:

FINANCIAL OBLIGATION REGULATION

Are you a Politically Exposed Person? (PEP) Yes [] No []
If yes:

EMPLOYER _____

ADDRESS _____

CONTACT# _____

REMUNERATION:

- UNDER \$5,000 \$5,001 - \$10,000 \$10,001 - \$15,000
\$15,001 - \$20,000 \$20,001 - \$30,000 \$30,001 - \$40,000
\$40,001 - \$50,000 OVER \$50,000

ASSETS:

- UNDER \$100,000 \$100,001 - \$250,000
\$250,001 - \$350,000 \$350,001 - \$500,000
OVER \$500,000

OFFICIAL USE ONLY

Remarks: _____

CUSTOMER DUE DILLIGENCE

REFERENCE AGAINST UN1267 LIST	YES []	NO []
REFERENCE AGAINST OTHER LIST (CFATF / FATF)	YES []	NO []
UTILITY BILL	YES []	NO []
EVIDENCE OF EMPLOYMENT	YES []	NO []
High Risk	YES []	NO []

Certified by Compliance Officer that due diligence has been completed.

Compliance Officer

Date

Application approved by.

Secretary

Date

President

Date

Membership Date: _____

Number Assigned: _____

Signature of Official _____